


PLANNING FOR TRANSPORTATION IN THE SYRACUSE AREA



A SURVEY OF THE
CITIZENS OF THE SYRACUSE REGION

SPONSORED BY THE:
Syracuse Metropolitan Transportation Council

NOVEMBER, 1991



The Syracuse Metropolitan Transportation Council is conducting this survey to develop plans that deal with past traffic increases and anticipate future changes that will affect transportation. The goal of this survey is to gather more information, specific to the Syracuse area and its residents, to manage existing traffic in the area, and to plan for future transportation needs.

If you have any questions about the purpose of this survey or the procedures for completing it, please call **435-2619**.

Thank you for your assistance and participation.

BACKGROUND QUESTIONS

Q-1. How many people live in your household? _____ PEOPLE

Q-2. How many members of your household are over the age of 15? _____ PEOPLE

Q-3. How many motor vehicles are operated by your household? _____ VEHICLES

Q-4. What type of building do you live in? (check one).

☐ SINGLE FAMILY HOME

☐ MULTI-FAMILY BUILDING (example: Condominium, Apartment, Duplex)

☐ OTHER, please specify _____

Q-5. What was your approximate total family income before taxes in 1990? (check one)

☐ UNDER \$9,999

☐ \$25,000 TO \$34,999

☐ \$10,000 TO \$14,999

☐ \$35,000 TO \$49,999

☐ \$15,000 TO \$19,999

☐ \$50,000 TO \$64,999

☐ \$20,000 TO \$24,999

☐ \$65,000 OR OVER

Q-6. How often do you use public transportation?

☐ DAILY

☐ SELDOM

☐ TWICE A WEEK

☐ NEVER

☐ ONCE A WEEK

☐ OTHER, SPECIFY _____

☐ ONCE A MONTH

Q-7. If you seldom or never use public transportation, please select the reasons below that most closely describe your reasons for not using transit? (check all that apply)

☐ COST

☐ TRAVEL TIME

☐ SCHEDULE

☐ DISTANCE

☐ ROUTE

☐ CONVENIENCE

☐ SECURITY

☐ BUS STOP/TRANSFER LOCATION

Q-8. On a scale of 1 to 5, 1 being the most important and 5 being the least important, please rank each of the following local transportation issues.

_____ TRAFFIC CONGESTION

_____ AIR QUALITY

_____ CONDITION OF ROADS AND BRIDGES

_____ AVAILABILITY OF PUBLIC TRANSPORTATION

_____ AVAILABILITY OF CARPOOL AND VANPOOL OPPORTUNITIES

_____ AVAILABILITY OF EXCLUSIVE CARPOOL/BUS TRAVEL LANES

_____ AVAILABILITY OF PARKING SPACES NEAR PLACE OF EMPLOYMENT

_____ ACCESS TO INTERSTATE 81 FROM DOWNTOWN

_____ OTHER

INSTRUCTIONS

For Completing the TRIP LOG Forms

1. PURPOSE OF THE TRIP LOG FORMS.

- To record each trip made by every individual over the age of 15 in your household for a mid-week day. For this survey, we have selected Tuesday as a representative mid-week day.

2. WHO COMPLETES THE TRIP LOGS:

- Each member of the household over the age of 15. It is important that each member fill out a separate form. One form is provided for each member.

3. WHEN TO COMPLETE THE TRIP LOGS:

- One day only — the most recent Tuesday.

4. RECORD EACH TRIP:

- Fill out one line for each trip you made on the survey date.
A trip is traveling one-way from one place to another for some activity. For example, if a person went from home to work in the morning, and from work to home in the afternoon, that is two trips. If he/she stopped at the supermarket on the way home, that is three trips: 1) home to work, 2) work to shopping/errands, and 3) shopping/errands to home.
- For each trip, record the time, location (home, work, shopping, etc.), and the zone number indicated in pink on the enclosed map.
- Record the location and zone number of your destination, the type of transportation you used to travel there, and your arrival time.
- Continue to the next trip.
Each following trip begins where the previous trip ended.
- If no trips were made, check the NO TRIPS box at the top of the form.

5. FILL OUT THE FORM ON THE SURVEY DATE:

- It may be easiest for each household member to keep a record of their trips on a separate piece of paper as they make them.
- Then at the end of the day while it is still fresh in their minds, transfer the information to the TRIP LOG forms.
- If any household member needs more space than is provided on the TRIP LOG forms, continue on one of the supplemental TRIP LOG forms, or call the number below for additional forms.

6. IF YOU NEED HELP:

- If you need help with these forms, call **435-2619**.

SAMPLE TRIP LOG

The following example is for an individual who traveled from home to work in the morning, then stopped at the supermarket on the way home from work in the afternoon. Note that since the zone number for the where a trip begins is always the same as the previous destination zone number, it is not necessary to indicate the beginning zone number for any trip except the first.

TRIP LOG		HOUSEHOLD MEMBER #1				Licensed Driver: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				Please complete for the most recent Tuesday.		Employment Status: <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED	
<input type="checkbox"/> Check here if NO TRIPS were made on this day							
Trip Number	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	6:55 ^{AM} _{PM}	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	49	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	54	7:10 ^{AM} _{PM}	<input checked="" type="checkbox"/> Car Driver, # in car 1 <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
2	4:30 ^{AM} _{PM}	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	<div style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> same as previous trip's destination zone number </div>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input checked="" type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	44	4:48 ^{AM} _{PM}	<input checked="" type="checkbox"/> Car Driver, # in car 1 <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
3	6:23 ^{AM} _{PM}	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input checked="" type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	<div style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> same as previous trip's destination zone number </div>	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	49	6:47 ^{AM} _{PM}	<input checked="" type="checkbox"/> Car Driver, # in car 1 <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____

TRIP LOG

HOUSEHOLD MEMBER #1

Please complete for the
most recent Tuesday.







Licensed Driver:

- ☐ YES
☐ NO

Employment Status:

- ☐ FULL-TIME
☐ PART-TIME
☐ HOMEMAKER
☐ STUDENT
☐ UNEMPLOYED
☐ RETIRED

☐ Check here if NO TRIPS
were made on this day

Trip Number 	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
2	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
3	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
4	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
5	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
6	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____

if you made more than 6 trips, continue on pages 8 and 9

TRIP LOG

HOUSEHOLD MEMBER #2

Please complete for the
most recent Tuesday.







Licensed Driver:

- ☐ YES
☐ NO

Employment Status:

- ☐ FULL-TIME
☐ PART-TIME
☐ HOMEMAKER
☐ STUDENT
☐ UNEMPLOYED
☐ RETIRED

☐ Check here if NO TRIPS
were made on this day

Trip Number 	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
2	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
3	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
4	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
5	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
6	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____

TRIP LOG

HOUSEHOLD MEMBER #3

Please complete for the
most recent Tuesday.






Licensed Driver:

- ☐ YES
☐ NO

Employment Status:

- ☐ FULL-TIME
☐ PART-TIME
☐ HOMEMAKER
☐ STUDENT
☐ UNEMPLOYED
☐ RETIRED

☐ Check here if NO TRIPS
were made on this day

Trip Number	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
2	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
3	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
4	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
5	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
6	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____

if you made more than 6 trips, continue on pages 8 and 9

TRIP LOG

HOUSEHOLD MEMBER #4

Please complete for the
most recent Tuesday.







Licensed Driver:

- ☐ YES
☐ NO

Employment Status

- ☐ FULL-TIME
☐ PART-TIME
☐ HOMEMAKER
☐ STUDENT
☐ UNEMPLOYED
☐ RETIRED

☐ Check here if NO TRIPS
were made on this day

Trip Number 	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
2	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
3	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
4	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
5	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____
6	____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		____ AM or PM	<input type="checkbox"/> Car Driver, # in car ____ <input type="checkbox"/> Car Rider, # in car ____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify ____

TRIP LOG

SUPPLEMENTAL FORM
HOUSEHOLD MEMBER # _____

Please complete for the
most recent Tuesday.







Licensed Driver:

- ☐ YES
☐ NO

Employment Status:

- ☐ FULL-TIME
☐ PART-TIME
☐ HOMEMAKER
☐ STUDENT
☐ UNEMPLOYED
☐ RETIRED

☐ Check here if NO TRIPS
were made on this day

Trip Number 	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
2	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
3	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
4	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
5	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
6	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____

TRIP LOG

SUPPLEMENTAL FORM
HOUSEHOLD MEMBER # _____

Please complete for the
most recent Tuesday.







Licensed Driver:

- ☐ YES
☐ NO

Employment Status:

- ☐ FULL-TIME
☐ PART-TIME
☐ HOMEMAKER
☐ STUDENT
☐ UNEMPLOYED
☐ RETIRED

☐ Check here if NO TRIPS
were made on this day

Trip Number 	I LEFT AT: (write time and circle AM or PM)	MY TRIP BEGAN AT: (check one)	IN ZONE NUMBER: (see map)	MY DESTINATION WAS: (check one)	IN ZONE NUMBER: (see map)	I ARRIVED AT: (write time and circle AM or PM)	THE TYPE OF TRANSPORTATION I USED WAS: (check one)
1	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
2	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
3	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
4	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
5	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____
6	_____ AM or PM	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other	 same as previous trip's destination zone number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping/Errands <input type="checkbox"/> Other		_____ AM or PM	<input type="checkbox"/> Car Driver, # in car _____ <input type="checkbox"/> Car Rider, # in car _____ <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Other, specify _____